

EXTENSIONS OF REMARKS

VETERAN SERVICES

HON. JACK QUINN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, March 17, 1997

Mr. QUINN. Mr. Speaker, I rise today to introduce a bill that requires the U.S. Department of Veterans Affairs to truly consider the needs of our veterans who so bravely served our Nation.

The VA has devised a plan called the veterans equitable resource allocation. However, the funding formula simply considers population trends, the cost of labor, and specialized care.

There is no mention of the special needs and challenges that are unique that each veteran community across the country. As we all know, a multitude of other factors, both non-medical and medical, plague our veterans.

How could it be proposed that a formula for distributing dollars for VA health care not take into account medical conditions of the veterans it serves?

If we allow the VA to implement their plan as it exists today, the VA will be sending a message to its sicker, poorer, older, and service-disabled veterans that they just don't care.

My bill addresses a fundamental problem with the VA's plan. My legislation charges the VA to certify to Congress that they have accounted for such critical factors as catastrophic injuries, disease, homelessness, poverty, cost of living and care, the age and type of infrastructure used by the Department of Veterans Affairs medical facilities, and so forth.

Until these conditions are met, we might as well remove the word equitable from the VA's so-called equitable resource allocation model.

I would like to add that many of the established health care facilities in the northeast are considered centers of excellence. Just last year, the Eastern Paralyzed Veterans Association [EPVA] made 164 trips transporting patients to and from VA hospitals. Eleven of those trips were made from southern VA facilities to northeast medical centers because of their ability to perform specialized surgeries and treatment.

No trips were made from the Northeast to the Southwest.

I am pleased to inform you that I have introduced my bill today along with 25 of my colleagues.

I encourage my other colleagues to sign onto the bill. A veteran in the Southwest who needs care is no more important than one in the North.

We owe it to our veterans to make available the highest quality of care.

I would like to submit the attached text of my bill for the RECORD.

H.R.—

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. CERTIFICATION THAT PLAN FOR ALLOCATION OF VETERANS HEALTH CARE RESOURCES CONSIDERED CERTAIN MEDICAL AND NONMEDICAL FACTORS.

(a) CERTIFICATION REQUIRED.—The plan for allocation of health care resources of the Department of Veterans Affairs submitted to Congress under subsection (c) of section 429 of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1997 (110 Stat. 2929) may not be implemented until after the Secretary of Veterans Affairs certifies to the Congress that the Secretary, in developing such plan, took into account the medical-related factors described in subsection (b) and the nonmedical factors described in subsection (c). Such certification shall be accompanied by the data the Secretary used in considering such factors.

(b) MEDICAL-RELATED FACTORS.—The medical-related factors described in this subsection are the following:

(1) The medical condition of veterans residing within each region served by a Veterans Integrated Services Network.

(2) The cost for each Veterans Integrated Services Network to meet the specialized medical needs for veterans suffering from catastrophic injury, disease, or illness, including spinal cord dysfunction, amputation, blindness, and mental illness.

(3) The cost for each Veterans Integrated Services Network to meet the rehabilitative needs of veterans suffering from such catastrophic injury, disease, or illness.

(4) The cost for each Veterans Integrated Services Network to provide medical support services, including prosthetics, pharmaceutical supplies, social services, and medical transportation to and from Veterans Integrated Services Network medical facilities.

(5) The cost for Veterans Integrated Services Network facilities to provide for the treatment and care of those members of the veterans population suffering from substance abuse, psychological problems, of AIS.

(c) NONMEDICAL FACTORS.—The nonmedical factors described in this subsection are the following:

(1) The expected reliance of veterans on Department of Veterans Affairs health care facilities for medical care as a result of—

(A) the cost of living for veterans residing in the region served by each Veterans Integrated Services Network; and

(B) the size of the population of veterans in each such region who are impoverished.

(2) The size of the population of homeless veterans in each such region and the wider array of disease and illness due to the hardships and lack of hygiene from which the homeless suffer.

(3) The age of the veterans population residing in each such region and the costs associated with long-term care necessary to meet the needs of the aging veterans population.

(4) The age and type of infrastructure used by Department of Veterans Affairs medical facilities, including the cost of operating, maintaining, repairing, and remodeling such facilities and the costs associated with adverse weather conditions, such as snow removal, in regions in which such facilities are located.

(d) VETERANS INTEGRATED SERVICES NETWORK DEFINED.—For purposes of this section, the term "Veterans Integrated Services Net-

work" means the network developed by the Department of Veterans Affairs to provide for the health care of veterans.

TRIBUTE TO THE EL CARISO HOT SHOTS

HON. JERRY LEWIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, March 17, 1997

Mr. LEWIS of California. Mr. Speaker, I would like to bring to your attention the outstanding bravery of a dedicated group of firefighters in California, the El Cariso Hot Shots. Over 30 years ago, a dozen men gave their lives and many more were injured while fighting a particularly dangerous fire in a steep canyon near Pacoima.

On November 1, 1966, a U.S. Department of Agriculture Forest Service firefighting crew, was trapped by flames in the Loop Fire. The El Cariso Hot Shots were constructing a fireline downhill into a chimney canyon and were within 200 feet of completing their assignment when a sudden shift of winds caused a spot fire directly below where the crew was working. Within seconds, flames raced uphill, engulfing the firefighters in temperatures exceeding 2,500 degrees. The fire flashed through the canyon in less than 1 minute trapping many in the crew. Ten brave El Cariso Hot Shots perished on the Loop Fire that day and another two died in the following days. Many of those who survived, were critically burned and remained hospitalized for some time.

Gerald Smith, who brought this heroic action to my attention, suffered third degree burns on his face, hands, arms, and legs and has had over 20 surgical operations as a result of his injuries. After overcoming many personal challenges, he has now completed training as a registered nurse and is making a difference in the lives of many people.

Mr. Speaker, in November 1996—the 30th anniversary of this tragedy—a monument was erected and dedicated to the firefighters of the Loop Fire. Over the years, the lessons of the Loop Fire have been shared with other firefighters around the world and have saved many lives. I believe it is only appropriate that the House remember the names of those firefighters below who lost their lives as well as those who survived the Loop Fire of 1966.

Those who lost their lives include: Raymond Chee, James Moreland, Michael White, John Figlo, William Waller, Joel Hill, Steven White, Carl Shilcutt, John Verdugo, Daniel Moore, Kenneth Barnhill, and Frederick Danner. Those who survived the Loop Fire include: Gordon King, Warren Burchett, Glen Spady, Joseph Smalls, Edward Cosgrove, Rodney Seewald, Stephen Bowman, Charles Gibson, Franklin Keesling, Jerry Gunter, William Davidson, Thomas Sullivan, Gerald Smith, William Parshall, John Moore, Richard Leak, Robert Chounard, Patrick Chase, and Thomas Rother.

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.